

***FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 269570 (8)

1. Corporation Name

HOME LIFE FINANCIAL ASSURANCE CORPORATION



Principal Place of Business

Mailing Address

**ATRIUM TWO BLDG
221 E 4TH ST
CINCINNATI OH 45202-4151
US**

**1 CENTENNIAL AVE
PISCATAWAY NJ 08855
US**

3. Date Incorporated or Qualified
05/02/1963

3a. Date of Last Report
06/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **120 Monument Circle**

26 **same**

4. FEI Number

59-1031071

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Indianapolis Indiana**

28 City & State

24 Zip Country
46204 USA

29 Zip Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent in the block above

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	HOUSER, DWANE R	
STREET ADDRESS	221 E 4 STR, ATRIUM 2, STE 2600	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WHITE, JAMES A	
STREET ADDRESS	1 CENTENNIAL AVE	
CITY- ST- ZIP	PISCATAWAY NJ	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MILNES, WILLIAM R JR	
STREET ADDRESS	221 E 4 STR, ATRIUM 2, STE 2600	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HANRAHAN, JEREMIAH J	
STREET ADDRESS	1 CENTENNIAL AVE	
CITY- ST- ZIP	PISCATAWAY NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Stefen F. Brueckner	
3. STREET ADDRESS	120 Monument Circle	
4. CITY- ST- ZIP	Indianapolis, IN 46204	
5. TITLE	500001819385	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	-05/14/96--01006--006	
7. STREET ADDRESS	***200.00	
8. CITY- ST- ZIP		
9. TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	George D. Martin	
11. STREET ADDRESS	120 Monument Circle	
12. CITY- ST- ZIP	Indianapolis, IN 46204	
13. TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	Nancy Purcell	
15. STREET ADDRESS	120 Monument Circle	
16. CITY- ST- ZIP	Indianapolis, IN 46204	
17. TITLE	Chief Actuary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
18. NAME	Alan D. Ford	
19. STREET ADDRESS	1 Centennial Avenue	
20. CITY- ST- ZIP	Piscataway, NJ	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer, director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)